
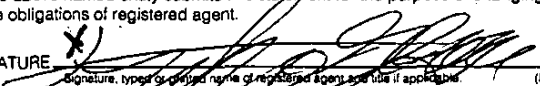
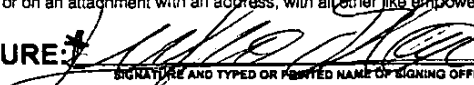


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90331 029 ***150.00

DOCUMENT # P93000016412 1. Entity Name ROBERT ENTERPRISES OF FLORIDA, INC.		
Principal Place of Business 1336 N.W. 3 STREET MIAMI, FL 33125		Mailing Address 1336 N.W. 3 STREET MIAMI, FL 33125
2. Principal Place of Business - No P.O. Box # 3165 SW. 23 STREET		3. Mailing Address 542 SW. 12TH AVE
Suite, Apt. #, etc. 		Suite, Apt. #, etc. #5
City & State MIAMI, FL.		City & State MIAMI, FL.
Zip 33145 Country USA		Zip 33130 Country USA
4. FEI Number 65-0396688		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALONZO, JULIO 542 SW 12TH AVE STE 1 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name JULIO ALONSO Street Address (P.O. Box Number is Not Acceptable) 3165 SW. 23 STREET. City MIAMI FL Zip Code 33145
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		JULIO ALONSO PRESIDENT DATE 4/21/08
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONSO, JULIO 1336 N.W. 3 ST MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALONSO, ROBERT 1336 N.W. 3 ST MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALONSO, AIDA 1336 N.W. 3 ST MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		JULIO ALONSO PRESIDENT DATE 4/21/08 Daytime Phone # (305) 324-9133